STATE OF CALIFORNIA

PST RETIREMENT PLAN BENEFIT PAYMENT APPLICATION

STD. 951 (REV. 2-96)

RETURN COMPLETED APPLICATION TO:

PST RETIREMENT PLAN
Department of Personnel Administration
1515 S Street (North Building), Suite 108
Sacramento. CA 95814-7243

See Instructions in each section and Information Payment Information below

PRIVACY STATEMENT - PROVIDING THE SOCIAL SECURITY ACCOUNT NUMBER IS VOLUNTARY IN ACCORDANCE WITH THE PRIVACY ACT OF 1974 (PL 93-579). IF, HOWEVER THE SOCIAL SECURITY ACCOUNT NUMBER IS NOT INCLUDED, IT MAY RESULT IN A DELAY OR IN OUR INABILITY TO COMPLY WITH YOUR REQUEST.

A. EMPLOYEE INFORMATION--Please note that you are not eligible for payment until one (1) year after you retire or sepa-

rate from State employment. If this application is re be processed until the month following the 1-year p	eceived by our office before you become eligible for payment, it will not period.
SOCIAL SECURITY NUMBER (See Privacy Statement) BIRTHDATE	TELEPHONE NUMBER
NAME (Last) (First)	(M.I.) RETIREMENT / SEPARATION DATE
ADDRESS (Number, Street, Apt. Number)	
CITY	STATE ZIP CODE
B. COMMENCEMENT DATE ELECTIONYou may choose to receive your lump-sum payment as soon as possible (after the 1-year waiting period) or at a future date you have elected. Payment cannot be deferred beyond age 70 1/2.	
INDICATE WHEN YOU WOULD LIKE PAYMENT ISSUED	Month Year
ISSUE PAYMENT AS SOON AS POSSIBLE	ISSUE PAYMENT
Notice of Personnel Action (NOPA) you will receive approapplicable, the NOPA to the Savings Plus Program office	• • • • • • • • • • • • • • • • • • • •
	OT be processed for payment if you do not attach D has not been signed by your Personnel Office.
and my election above. I understand PURSUANT TO FI	w. I request that the distribution be made in accordance with the Plan regulations EDERAL REGULATIONS, THE ELECTION OF A COMMENCEMENT DATE IS of the State of California to approve or disapprove this request. Date signed
D. RETIREMENT / SEPARATION VERIFICATION (C	Obtain from YOUR Personnel Officesee notes in Section C above)
I certify that this employee is retired/separated from State service ef	ffective
If more information is needed, please contact me at:	
AUTHORIZED DEPARTMENT REPRESENTATIVE (Please Print or Type)	SIGNATURE DATE SIGNED

Payment Information

- 1. Payments are mailed to the address you have provided on this Application. (See Section A above.) Payments will not be made unless this Application and the NOPA are received by the Savings Plus Program office at least 30 days before the payment is scheduled for mailing date.
- 2. Payments are made in a lump sum. However, if your account balance is \$2,500 or more, taxes will be withheld. Contact the Savings Plus Program office at (916) 322-5070 for additional information.
- 3. Income taxes will NOT be withheld IF your account balance is less than \$2,500. If your account exceeds \$2,500, taxes will be mandatorily withheld at the rate of 15% for Federal and NONE for State. In January of the following year, a W-2, Wage and Tax Statement, will be mailed to the address you have provided on this Application.
- **4.** If you are age 70-1/2 or older, please contact the PST office for payment instructions.